NÝ STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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1	be of Lobbying:	1. N. T. C.	O Procu		OBoth	İ	RECEIVE	D JUL 1 7 2013
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						1		
П	Client Inform	ation					B 138 4 19	
Na	me: Rehabilitation A	Association - NYS					HISTORY STATE OF THE PARTY OF T	
Pei	rmanent Business /	Address: 155 Washi	ngton Ave	Suite 410				
Cit	y: Albany				State:1	NY		ZIP code:12210
Bus	siness Phone: 518-44	49-2976			Fax Nu	umb	per: 518-426-4329	
Thi	rd Party Beneficiar	y (see instructions):						
	Lobbyist(s) Ir	nformation &	Compe	ensation	(Curre	nt	Period Only)	100 年 8 日本日本会 TABLE
thre	y inaiviauai or organ eshold was exceede	ed by that individua	bied on b I or organi	ehalf of the ization.	client mu	ist b	e reported below,	regardless of whether the
Α	Type of Lobbyist:	⊗ Retained	0	Employed	4	0	Designated	
	Level of Gov't:	⊗ State Lobbyir	ng O	Local Lob	bying	0	Both	
	Name: Malkin & Ro	oss					Phone Number:	
	Address: 80 State S	treet, 11th Floor						
	City: Albany						State: NY	ZIP code:12207
	Compensation fo	r current period:	\$17000	.00)			
В	Type of Lobbyist:	O Retained	\otimes	Employed		0	Designated	
	Level of Gov't:	⊗ State Lobbyir	ng O	Local Lob	bying	0	Both	
	Name: Jeffrey Wise	2					Phone Number:	
	Address: 155 Wash	ington Ave Suite 410)					
	City: Albany						State: NY	ZIP code:12210
	Compensation fo	or current period:	\$5460	.00)			
C	Type of Lobbyist:	Retained	\otimes	Employed		0	Designated	
	Level of Gov't:	⊗ State Lobbyir	ng O	Local Lobi	bying	0	Both	
	Name: Patricia Dow	vse					Phone Number: 5	518-449-2976
	Address: 155 Washi	ngton Ave Suite 410						
	City: Albany						State: NY	ZIP code: 12210
	Compensation for	r current period: 3	\$3701	.00				
00	Continued on attack	ned pages						

D TOTAL COMPENSATION of ALL lobbyists for current period.........(A+B+C+addendum sheets): \$26161

IV Other Expenses (Current Sem	ni-Annua	Il Period O	nly)	151290	建 人员员		WEIGHT RESIDENCE	
A Report in the aggregate all expenses less t	The second of th	HARLING STREET, STREET			\$ o		.00	
B Report in the aggregate all expenses for so	n-lobbying emp	oloyees:		\$ 0		.00		
C Itemize each expense exceeding \$75:		to the second second second second second second second second second second second second second second second	•		1 0			
PAID TO: Malkin & Ross		DATE: 12	/31	/ 2012	(D Ad	O Social Ever	
PURPOSE: Reimbursed Expenses		AMOUNT:	\$ ₄₁₄	.00	(D *Ad	dendum attached	
O PROCUREMENT & NONPROCUREM	ENT					2 100 CO		
PAID TO:		DATE:	/	/	(D Ad	O Social Ever	
PURPOSE:		AMOUNT:	\$.00	(D*Ad	dendum attached	
O PROCUREMENT O NONPROCUREM	ENT							
O Continued on attached pages								
# If any expense listed above exceeds expense, dollar amount attributable	\$75 for an i to the indivi	individual, you idual and the	must at	tach the	e ado	lendum	page listing the	
D Total expenses for current period: \$414							attached pages in total	
- Indiana								
V Source of Funding Disclosure			1 14					
event multiple persons or entiti	es nave bee	en aggregated	as a Sing	gle Sour	ce for	a Contr	ibution(s), use Section B	
A Below, list all Contributions received. If more than five Co	eived from the	he Single Sourc	a Inclu	do the d	ato a	nd the a	mount of the Contribudie	
Addendum for the additional C Contribution(s) from Single Source #1	contributions.							
Single Source Entity's Name: Herkimer Area F								
or Single Source Person's Last Name:	lesource Cen	ter	F1 1 1 1					
Section 1 of the Control of the Cont			First Na	me:				
Address: 350 S. Washington Street PO 271 City: Herkimer			C1-1	0.7			710	
Phone: 315-574-7000			State: N	IY			ZIP code:13350	
Date Contribution Received: 1 /3	10000	Amour	at of Co	ntributio	.n. ¢	V22	00	
Date Contribution Received: /	/ 2012		nt of Co nt of Co		91.VIII.11. 55.40.	434	.00	
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Contribution(s) Single Source #2	om or addi	nonai comino	110113.					
Single Source Entity's Name: Occupations, Inc								
101			F1 1 1 1					
Single Source Person's Last Name: Additional First Name:								
Address: 15 Fortune Road West			01.1				202	
City: MIddletown			State: N	IY			ZIP code: 10941	
Phone: 845-692-4454	,							
Date Contribution Received: 4 / 11 Date Contribution Received: /	2012		t of Co			1003	.00	
Date Contribution Received: /	/		t of Co				.00	
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Date Contribution Received: /	/		it of Cor	ntributio	n: \$.00	
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Check here if there are Contribution(s) from Sing	are addice(2	, onler man me	ose listed	above.	ose	section	v(A) or me	

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source	#3			
Single Source Entity's Name: Feder	ration Em	ployment & Gu	ildance Services	
or Single Source Person's Last Name		· service · Prince in a replace in the control of t	First Name:	
Address: 315 Hudson Street				
City: New York			State: NY	ZIP code:10013
Phone: 212-366-8400				
Date Contribution Received: 4	/23	/2012	Amount of Contribution: \$953	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1.	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Adde	ndum for addit	ional Contributions:	0
Contributions from Single Source	# 4			8
Single Source Entity's Name: Service	es for the	e Underserved-	MR Programs, Inc.	
or Single Source Person's Last Name			First Name:	
Address: 305 Seventh Ave	•		riisi name.	
City: New York			State: NY	ZIP code:10001
Phone: 212-633-6900			ordio.	211 COGE. 10001
Date Contribution Received:	/ 11	/ 2012	Amount of Contribution: \$509	.00
Date Contribution Received:	/	/ 2012	Amount of Contribution: \$.00
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Contributions from Single Source				
Single Source Entity's Name: Mary		c. Rehab. Cente	r	
or Single Source Person's Last Name			First Name:	
Address: 51 Terryville Road				
City: Port Jefferson Station			State: NY	ZIP code:11776
Phone: 631-474-4120				
Date Contribution Received: 2	/28	/ 2012	Amount of Contribution: \$1003	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source	-			
Single Source Entity's Name: Herita	age Cente	er		
or Single Source Person's Last Name			First Name:	
Address: 101 Oak Street				
City: Buffalo			State: NY	ZIP code:14203
Phone: 716-856-4201				14203
Date Contribution Received: 1	2 /20	/2012	Amount of Contribution: \$443	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Contributions from Single Source	# 7	4		
Single Source Entity's Name: South	east Wor	ks		
or Single Source Person's Last Name	:		First Name:	
Address: 181 Lincoln Street			colo, sub-discrete de desenvolves de la especia colonga.	
City: Depew			State: NY	ZIP code:14043
Phone: 716-683-7100				
Date Contribution Received: 1	2 / 20	/ 2012	Amount of Contribution: \$405	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Contributions from Single Source	<u>#</u> 8			
ingle Source Entity's Name: J.M. N	lurray Ce	nter		
ingle Source Person's Last Name	:		First Name:	
Address: 823 NYS Route 3				
City: Cortland			State: NY	ZIP code: 13045
Phone: 607-756-9913				
Date Contribution Received: 12	2 /20	/ 2012	Amount of Contribution: \$405	.00
ate Contribution Received:	/	/	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(A)

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V Source of Funding Disclosure

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Single Source Person's Last Name:										
Single Source Person's Last Name:	Single Source Entity's Name: Mounta	i ain Lake S	Services							
Address: 10 St Patrick's Place City: Port Henry State: NY ZiP code: 12974 Phone: 518-546-3381 Date Contribution Received: 12 /20 /2012 Amount of Contribution: \$79200 Date Contribution Received: / / Amount of Contribution: \$00 Date Contribution Received: / / Amount of Contribution: \$00 Date Contribution Received: / / Amount of Contribution: \$00 Date Contribution Received: / / Amount of Contribution: \$00 Date Contribution Received: / / Amount of Contribution: \$00 Check here if using section V(C) of the Addendum for additional Contributions:	101			First Name:						
City: Port Henry				That it diffe.						
Phone: 518-546-3381 Date Contribution Received: 12 /20 /2012 Amount of Contribution: \$7992 .00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions:	THE CONTRACT OF THE PROPERTY O			State: NV	7IP code:12074					
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Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # 10 Single Source Entity's Name: Westchester County NYSARC Of Single Source Person's Last Name: First Name: Address: 265 Saw Mill Road City: Hawthorne State: NY ZIP code: 10532 Phone: 914-949-9300 Date Contribution Received: 12 / 20 / 2012 Amount of Contribution: \$ 1003 .00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source #11 Single Source Person's Last Name: First Name: Address: 211 West 14th Street City: New York Date Contribution Received: / / Amount of Contribution: \$ 400 Date Contribution Received: 12 / 13 / 2012 Amount of Contribution: \$ 400 Date Contribution Received: / / Amount of Contribution: \$ 400 Date Contribution Received: / / Amount of Contribution: \$ 400 Date Contribution Received: / / Amount of Contribution: \$ 400 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00	Date Contribution Received:	/	/	a base society separation with						
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Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 11 Single Source Entity's Name: Fedcap Rehabilitation Services, Inc. or Single Source Person's Last Name: Address: 211 West 14th Street City: New York State: NY ZIP code: 10011 Phone: 212-727-4384 Date Contribution Received: 12 /13 /2012 Amount of Contribution: \$481 .00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00	Date Contribution Received:	/	/	Amount of Contribution: \$.00					
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	B Single Source information	on for a Contri	oution(s)	from m	ultiple, Related, or Affiliated Entities	i.				
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Check I	nere if using section V(B) of the A	ddendum for	addition	al Relate	ed, or Affiliated Entities or Persons:		0			
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative						
	Body lobbled:						
FUNDING; BUDGET ISSUES FOR PROVIDERS AND RECIPIENTS OF DEVELOPMENTAL DISABILITIES, COMPENSATION FOR EXECUTIVES; POLICY PERTAINING TO OFFICE OF MEDICAID INSPECTOR GENERAL	NYS SENATE & ASSEMBLY; EXECUTIVE; DOB; OPWDD						
Continued on attached pages	O Continued on attached pages						
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: A5686 S3184 A8466 S2352 A9050 S6250 A9053 S6253 A9794 S6466 A10721 S7749 S6930 S7400	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:						
O Continued on attached pages	O Continued on attached pages						
	4						
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:						
O Continued on attached pages	O Continued on attached pages						
XI Declaration This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.							
X SIGNATURE: Tatticia Couse	DATE: 5/15/2013						
PRINT NAME: LAST Dowse	FIRST Patricia						
TITLE: COO	,						
Mark One: O Chief Administrative Officer & D	esignee(Attach Letter)						
Th. 6 II : 201105							
The following MUST be attached to this report							
You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)If applicable, a designation letter if you have marked designee in section XIIf applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.							

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.